

ELSON

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

State File No. 86 38

Registrar's No. 28

1. Place of Death: (a) County GRANHAM (b) City or Town SAFFORD (c) Location MORRIS EQUINE HOSPITAL
(If outside city limits also write RURAL) (St. & No. (or) Name of Institution)

(d) Length of Stay: In Hospital or Institution BIRTH; In Community SAFFORD; In Arizona SAFFORD
(Specify whether years, months or days)

2. Usual Residence of Deceased: (a) State ARIZONA; (b) County GRANHAM; (c) City or Town SAFFORD
(If outside city limits also write RURAL)

(d) Street No. SAFFORD; (e) Citizen of foreign country (Yes or No) NO
If Yes, which country SAFFORD

3. (a) FULL NAME NORRIS EUGENE KERBY (b) If Veteran name was SAFFORD (c) Social Security No. SAFFORD

4. Sex MALE 5. Race White ☒ Indian ☐ Negro ☐ ☐ Oriental ☐ 6. (a) Single, married, widowed or divorced SINGLE

6. (b) Name of husband or wife SAFFORD 6. (c) Age of husband or wife, if alive SAFFORD yrs.

7. Birthdate of deceased SAFFORD (Month) SAFFORD (Day) SAFFORD (Year)

8. AGE: Years SAFFORD Months SAFFORD Days SAFFORD If less than one day hrs. SAFFORD min. SAFFORD

9. Birthplace SAFFORD ARIZONA (City, town or county) (State or Country)

10. Usual Occupation SAFFORD

11. Industry or Business SAFFORD

12. Name NORRIS KERBY 13. Birthplace PIMA ARIZONA (City, town or county) (State or Country)

14. Maiden Name IDA OLETA CARLISLE 15. Birthplace ROCKWELL TEXAS (City, town or county) (State or Country)

16. (a) Informant's own signature Norris Kerby (b) Address FRANKLIN ARIZONA

17. (a) Burial, Cremation or Removal BURIAL (b) Place PIMA (c) Date 5-11-1947

18. (a) Embalmer's Signature SAFFORD (b) Funeral Director SAFFORD (c) Address SAFFORD ARIZONA

19. (a) June 9, 1947 (Date received Local Registrar)

(b) SAFFORD (Registrar's Signature)

10 30M-100% Reg-5/1/43 SAFFORD Deputy

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) MAY 11, 1947
TIME (Hour and minute) 11:10 P. M.

21. I hereby certify that I attended the deceased from May 11, 1947 to May 11, 1947
that I last saw him alive on May 11, 1947

and that death occurred on the date and hour stated above.
Immediate cause of death Stillborn

Due to transverse presentation and around neck 5 times

Other conditions (Include pregnancy within 3 months of death) SAFFORD

Major findings: Of operations SAFFORD

Of autopsy SAFFORD

DURATION

PHYSICIAN

Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:

(a) Accident, suicide or homicide (specify) SAFFORD

(b) Date of occurrence SAFFORD

(c) Where did injury occur? (City or Town) SAFFORD (County) SAFFORD State) SAFFORD

(d) Did injury occur in or about home, on farm, in industrial place, in public place? SAFFORD (Specify type of place)

While at work? SAFFORD (e) Means of injury SAFFORD

23. Signature SAFFORD Address SAFFORD Date signed 5/11/47 M. D.